



Long Term Care Coordinating Council
Integrated Care Initiative Consumer Advisory Council

Wednesday, November 5, 2014

10:00-11:30

Child and Family Services

1268 Eddy St.

Providence, RI 02905

DRAFT MINUTES

Kathy Ullrich Kathy Heren Meg Shanley Karen Vartebedian Patricia Thomas Jeanne Schwager Ken Pariseau Linda Katz Kathleen Kelly Maureen Maigret Bill Flynn Kristin Sousa Marlanea Peabody Maria Petrillo Donna Martin	Claire Rosenbaum Paula Parker Vinnie Ward Diane Taft Anne Mulready Michelle Mayandola Jim Nyberg Brooke Harens Holly Garvey Kara Neymeyr Randi Belhumeur Deborah Burton Lauren Curci Ann Marie Gregson Michelle Szylin	Jennifer Reid Kevin Nerney Julianne Voss Dana Cruz Rebecca Boss Dave McMahon Louise Povall Marjorie Waters Sharon Kernan Diana Beaton Lisa Corrente-Hetland Marea Tumber Lt. Governor Roberts
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Welcome

1. Approval of minutes from the October 1 meeting

The minutes were circulated via email, and they are posted on the SOS's website. The minutes from the October meeting were approved.

2. Enrollment and Call Center Update (*Holly Garvey, EOHHS*) (presentation attached)

Total ICI enrollees as of November 1, 2014: 17,363 in RHO, 4,936 in 4CP, and 309 in PACE, for a total of 22,299. There were 526 new RHO enrollees with an effective date of November 1, and 498 with an effective date of December 1. Total ICI enrollment is down a little since October. This is probably due to later decisions to opt-out of 4CP because it is a Medicaid only plan. The overall RHO opt-out percentage is 21%. The 4CP overall opt-out percentage is 21%. EOHHS is looking into the reasons why people are opting-out, and they are communicating with facilities and working with the LTC Ombudsman on messaging. EOHHS is also examining both before and after enrollment opt-outs to see if the reasons why are the same between the groups.

Vinnie Ward said that he does not know how to explain the ICI program to people, and how it will enhance their services. Holly said that care management is a big benefit. Vinnie asked what this really means how to an individual consumer. The Lt. Governor said that providers need to be able to communicate a simple and clear message about the benefits of the program to patients. Linda Katz introduced the final version of the consumer fact sheet. The fact sheet aims to answer the question that Vinnie raised. If you are already receiving LTSS, the benefit is care management. If you are not receiving LTSS, these are the benefits you might be eligible for. The distribution plan for the fact sheet still needs to be decided. Linda said the fact sheet can be emailed, mailed or distributed in hard copy. It is not confirmed yet whether EOHHS will be mailing the fact sheet to new enrollees.

The average help line call length is 4-4.5 minutes. Ninety percent of the opt-out calls are because the caller wants to remain in FFS. One reason people give is that their home care provider does not participate, and EOHHS has followed up with NHP and found that this is incorrect information. They have tried to pursue the callers to get more information from them, but have not had success. Holly said that language barriers are not a big issue because they have bilingual staff and access to additional languages by phone. Holly also followed up with the group about Jorge Andino, the gentlemen who spoke at October's meeting about his difficulties in getting his insurance company to pay for his physician-prescribed vitamins. EOHHS worked with 4CP to resolve the issue. Maureen asked to have the number of appeals cases listed in the monthly reports.

The MOU is still in final clearance.

3. IDD/SPMI Populations (*Dave McMahon, BHDDH & Rebecca Boss, BHDDH*)

The Lt. Governor introduced Dave McMahon and Rebecca Boss from BHDDH, and that she asked them to come and discuss issues such as enrollment and the coordination of care for these populations. Dave said that in the past, the services existed in silos. BHDDH is trying to bring hospitals, insurers, social workers and providers together into one team to improve quality of care. Doctors used to create discharge plans that couldn't be implemented, and now they get everyone together at discharge to work together. For example, they ensure that specialty equipment can be procured. These coordinated transitions can decrease cycling back into inpatient care.

Dave is working on a database so that when a member needs care, the team can discuss the plan ahead of time. The database will be ready in approximately one month. The database will also help with specialty care; the insurance companies will be able to contact physicians directly if there is an issue. Maureen Maigret asked about case management (CM), and Dave said that all of the approximately 2,000 IDD have a case manager. Marjorie Waters asked about housing concerns at discharge. Dave said that this is a concern, and that BHDDH is working with community partners to be sure that people have a place to go to, and that housing is part of the discharge plan. This is especially important for the IDD's without wrap-around services, and who live on their own or with family.

Kathy Heren said that she knows of a Medicaid patient who was having trouble swallowing and could not get an appointment with a specialist. If we want to support people living in the community we need to provide the services they need. Dave said that there have been opt-outs because of issues with durable medical equipment (DME) and lack of specialist coverage. One wheelchair vendor does not accept NHP. Dave said these types of issues will resolve faster now. Access to a wheelchair keeps someone in the community and needs to be addressed. A patient needed a barrier-free lift, which is expensive, but cheaper than a week in a hospital. This issue took Dave five minutes to resolve. Families need to be aware that all people with IDD have CM. Once the database is complete, this information will be readily available to all providers and will be updated quarterly. Anyone on the team can identify all the other team members. In the meantime, if people have questions about CM they can call Dave.

Linda Katz asked about the issue of informed consent. Dave said that RI law is that competency is assumed at age of majority. Some have guardians, but many do not. Nurses can coordinate care even though they are not CM. CM relates to reimbursement, and this is determined by agency not BHDDH.

The Lt. Governor asked about healthcare decision-making when the person with IDD is not competent. Dave said that this requires a legal remedy. Claire Rosenbaum said that the IDD rights statute allows a friend or relative to act and we should honor that statute. Dave said that BHDDH does honor the statute, but paid caregivers cannot be the decision makers. Kathy Heren offered to assist if she is needed. BHDDH is working hard to identify decision makers for each person with IDD.

Rebecca Boss gave an overview of the SPMI population. There are approximately 5,200 people in the Community Support Program (CSP) and approximately 6,000 in the Community Mental Health Program. People do not have a social worker like the IDD program does; instead, BHDDH uses community mental health organizations to oversee the Home Health Initiative (HHI).

The SPMI population dies an average of 25 years earlier than people without SPMI, due to higher rates of co-morbidities such as hypertension, smoking and obesity. The CSP helps with the diagnosis and treatment of these issues. The HHI model incorporates physical and mental health, and ensures compliance with both physical and mental health medications. The physical issues can really exacerbate the mental health issues. This population can be

very expensive, and BHDDH is ensuring that payment systems are being addressed. BHDDH also has a study underway that is examining the availability of services, and what needs are unmet. The study should be complete in July. They want to get providers on board and treat as early as possible as preventive measure. As a secondary intervention, they want to support providers who can help prevent hospitalizations.

4. “No Wrong Door” Presentation (*Elizabeth Shelov, EOHHS*) (presentation attached)

Elizabeth Shelov presented on the “No Wrong Door” (NWD) grant. Rhode Island has been awarded a planning grant to develop a three-year plan to design and implement a “No Wrong Door” system to help all Rhode Islanders, regardless of age, disability, or income status access needed Long-Term Services and Supports (LTSS). RI is one of 25 states to receive NWD funding from the federal Administration for Community Living (ACL). The grant award is \$225,000 for a one-year planning grant.

EOHHS is managing the grant in conjunction with “sister” state agencies. The deliverable is a comprehensive 3-year implementation plan for creating a NWD system of access to all LTSS for all populations and all payers. EOHHS is committed to simplifying, connecting, and standardizing the process of navigating in this system through its Aging and Disability Resource Center (ADRC) network. The POINT is a call center and walk-in location in Providence, with regional POINTs located throughout the state. The goal is to link consumers to needed information, resources, options counseling, and access to programs and benefits. The grant seeks to expand NWD ADRC services to adults with disabilities, children with special health care needs, seriously mentally ill, co-occurring disorders (mental illness and substance abuse) and veterans.

Kathy Heren noted that RI is unusual because they don’t give any money to this effort. Elizabeth said that they need a sustainability plan, and that the planning group will tackle this. The next steps for the grant are: procurement, stakeholder engagement, a work plan and a sustainability plan. They will have 8 meetings over the next months with a completion date of September or October of 2015. The 3-year plan is a deliverable, but Elizabeth is unsure if there is additional federal funding for this.

5. Public Comment

Maureen Maigret asked that the Budget Article 18 cost and expenditure report for LTSS be placed on December’s agenda.

6. Next Meeting: December 18, 10-11:30 am at Child & Family Services, Lower Level Conference Room, 1268 Eddy Street, Providence.